

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33475

State File No.

FILED SEP 25 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8312

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INCARNATE WORD Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>23 1706 NICHOLSON PL.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTIE</u> b. (Middle) <u>ERMA</u> c. (Last) <u>SUTHERLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 1 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 31 1900</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITRESS</u>	11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BEVO MILL</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>ROBERT JUSTICE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. <u>490-12-8099</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CLIFF SUTHERLAND</u> ADDRESS <u>ST. LOUIS MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>157X</u>			
22. I hereby certify that I attended the deceased from <u>6-18</u> , 19 <u>52</u> , to <u>9/1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/31</u> , 19 <u>52</u> , and that death occurred at <u>2:10 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. B. Cappel</u> (Degree or title)		23b. ADDRESS <u>3284 Brookside one</u>	
23c. DATE SIGNED <u>9/4/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVALS</u>		24b. DATE <u>SEPT. 4 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WOODBURY TENNESSEE</u>	
DATE REC'D BY LOCAL REG. <u>SEP 3 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutis</u>		ADDRESS <u>2906 Beaver</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3284 Brown Street
N.E. 2502

10-12
6-7:30
Wednesday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Walter C. Rice

Signed
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Harris*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.